

NAME OF PARTY OR ATTORNEY <i>(and state bar number if attorney)</i> : ADDRESS WHERE YOU WANT MAIL SENT: TELEPHONE NUMBER <i>(Optional)</i> : ATTORNEY FOR <i>(Name)</i> :	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
PETITION FOR PROTECTIVE ORDERS (Elder or Dependent Adult Abuse) (CLETS)	CASE NUMBER:

NOTE: This form must be completed and filed with an *Order to Show Cause and Temporary Restraining Order* (form EA-120).

1. **Petitioner (name):**

is

- a. ☐ the person to be protected.
b. ☐ the conservator of the person to be protected.
c. ☐ the guardian ad litem for the person to be protected.
d. ☐ the conservator of the person to be protected.
e. ☐ other *(describe relationship and capacity)*:

2. PERSONS TO BE PROTECTED

Name

Age

Relationship to person seeking order

3. a. PERSON TO BE RESTRAINED *(Name)*:
b. DESCRIPTION:

Sex: ☐ M ☐ F Ht.: ____ Wt.: ____ Hair color: ____ Eye color: ____ Race: ____ Age: ____ Date of birth: ____

4. The person to be protected ☐ has ☐ has not been involved in other court actions with the person to be restrained in which restraining orders were issued. *(If other court actions are known, please specify the case numbers and the county or other state, and attach copies of orders if available):*

5. The person to be protected is *(check one box only)*:

- a. ☐ age 65 years or older.
b. ☐ between the ages of 18 and 64, and has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights *(describe physical or mental limitations)*:

THIS IS NOT AN ORDER

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PETITIONER:	CASE NUMBER:
RESPONDENT:	

6. This petition should be granted because
- ☐ the person to be restrained caused the person to be protected to suffer physical harm or pain or mental suffering through physical abuse, financial abuse, abandonment, isolation, abduction, or other treatment.
 - ☐ the person to be restrained has the care or custody of the person to be protected, but has neglected that person or deprived the person of goods or services that are necessary to avoid physical harm or mental suffering.

PETITIONER REQUESTS THE COURT TO MAKE THE ORDERS INDICATED BY THE CHECKMARKS IN THE BOXES BELOW.

7. ☐ **RESTRAINING ORDER** ☐ **To be ordered now and to remain in effect until the hearing.**
 Petitioner seeks an order that the restrained person must not abuse, intimidate, molest, attack, strike, stalk, threaten, sexually assault, batter, harass, telephone, destroy the personal property, contact directly or indirectly, by mail or otherwise, come within a specified distance, or disturb the peace of the protected person or persons listed in item 2.

8. ☐ **RESTRAINING ORDER** ☐ **To be ordered now and to remain in effect until the hearing.**
 a. Petitioner seeks an order that restrained person must immediately move from and must not return to (address):

and may take only personal clothing and effects needed until the hearing.

- b. The residence exclusion order should be granted because
- (1) The person to be protected has a legal right to live at the address listed above.
 - (2) The restrained person assaulted or threatened to assault the person to be protected.
 - (3) The person to be protected will suffer physical or emotional harm if the restrained person does not leave the residence.
 - (4) Title to or lease of the residence at the address listed above is not in the sole name of the person to be restrained nor is it in the name of the person to be restrained and another person besides the person to be protected.

9. ☐ **STAY-AWAY ORDER** ☐ **To be ordered now and to remain in effect until the hearing.**
 The restrained person **must** stay at least (specify): _____ yards away from the following persons and places:

- ☐ The protected person or persons listed in item 2.
- ☐ The residence of the protected person or persons identified in item 8.
- ☐ The place of work of the protected person or persons listed in item 2 (specify):
- ☐ The vehicle of the protected person or persons listed in item 2 (specify):
- ☐ Other (specify):

10. If the restrained person is ordered to stay away from all the places requested in item 9, will the restrained person still be able to get to his or her residence, school, place of employment, or place of worship? ☐ Yes ☐ No
 (If no, explain):

11. ☐ **ATTORNEY FEES AND COSTS**

Petitioner requests that petitioner's attorney fees and costs be paid by the restrained person as follows:

<u>Item</u>	<u>Amount</u>
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12. ☐ **ORDER SHORTENING TIME**

Petitioner requests that time for service of the *Order to Show Cause* and accompanying papers be shortened so that they may be served no less than (specify number): _____ days before the date set for hearing. (If you need this process shortened, provide additional facts to support your request):

13. ☐ **FACTS SUPPORTING PETITION**

a. ☐ **DESCRIPTION OF ABUSE** (Describe in detail the most recent incidents of abuse. List each incident separately by date. Describe the incident, including who did what to whom and any injuries. Describe any history of abuse):

☐ Supporting information is contained on the attached declaration. (You may use form MC-031.)

b. ☐ **ADDITIONAL FACTS SUPPORTING PETITION** (describe if appropriate):

☐ Supporting information is contained on the attached declaration. (You may use form MC-031.)

14. ☐ **OTHER ORDERS** (Specify any other orders that you are requesting. You must provide reasons for your requests):

PLEASE NOTE THAT ALL ORDERS ISSUED BY THE COURT, AS WELL AS THIS PETITION FOR PROTECTIVE ORDERS, MUST BE PERSONALLY SERVED ON THE RESTRAINED PERSON. NO PERSON TO BE PROTECTED, INCLUDING YOURSELF, MAY PERSONALLY SERVE THIS ORDER.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PETITIONER)

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